

## CONSENT TO TREATMENT

I, (your name, print) \_\_\_\_\_ authorize Dr. Jane Li-Conrad to provide homeopathic treatment which may also include suggestions for nutrient, herbal, integrative, alternative, preventive therapies. (This consent is intended to provide an opportunity for you to make an informed decision so that you may give or withhold your consent to treatment that may be considered alternative by most physicians trained in the United States.)

I understand that Dr. Jane Li-Conrad is a board-certified osteopathic family physician but will not give conventional diagnosis or treatment for my illness. I understand that I am receiving a homeopathic assessment and evaluation and will be treated according to the principles of homeopathic medicine.

I agree to maintain a relationship with a primary conventional physician outside of this homeopathic practice for necessary labs, screening, and conventional treatment recommendations as my primary physician sees fit. The therapies I receive from Dr. Jane Li-Conrad will complement the care I receive from my primary care physician, and will not replace such care. I am fully aware that homeopathic practice, diagnosis and treatment is very different from that of conventional medicine and that homeopathy may not address all medical needs and conventional recommendations.

I agree to release Dr. Jane Li-Conrad from using conventional osteopathic standards of care so that she may use her knowledge of homeopathy to treat me according to standards of homeopathic principles and practice.

I agree to be treated by Dr. Jane Li-Conrad only with natural remedies and supplements and if drugs are needed, I will seek advice from my primary allopathic or conventional physician.

The safety and efficacy of alternative therapies has not been established with controlled studies to the satisfaction of conventional medicine.

I have sought care from Dr. Jane Li-Conrad DO and the services I am choosing to receive today have been explained to me in detail. Interactions, reactions and side effects have been fully explained to me regarding the treatments I am receiving, conventional or non-conventional. Side effects to homeopathic treatment (although uncommon) may include temporary worsening of present symptoms (aggravations) or temporary development of new symptoms (proving symptoms).

No claim to cure has been made to me. I understand that no method of treatment (conventional and alternative) guarantees a cure or even an improvement of any disease.

Natural treatments are meant to stimulate my body to increase health so that a process of healing might occur.

I understand that when allopathic and homeopathic medicine medicines are used together, the chance for improvement of health may be altered.

I understand that if I continue certain habits (stressful lifestyle, poor diet, unhealthy emotions, etc.), which cause or contribute to my illness, homeopathic medicine is less effective, as is allopathic or conventional medicine.

Jane Li-Conrad will NOT be providing hospital or emergency care for me.

**PAYMENT:** Jane Li-Conrad asks all patients to pay at the time of visit with cash or check.

**INSURANCE:** Dr. Jane Li-Conrad does not accept any outside insurance. However, upon your request, she can provide you with documentation of treatment if you are seeking reimbursement through a Flexible Spending Account (FSA) or something similar. There is no guarantee that outside programs like FSA will reimburse homeopathic services. Please ask your FSA plan in advance if they will accept reimbursement for Dr. Jane Li-Conrad's services.

**MEDICAL MALPRACTICE:** Dr. Jane Li-Conrad DO is not covered by medical malpractice insurance. Your signature at the end of this contract acknowledges the receipt of this information.

**Canceling Appointments:** Follow-up appointments may be canceled up to 48 hours before a scheduled visit without incurring fees. When less notice is given or if an appointment is missed, the following fees will be charged: New Homeopathic \$50.00. Follow Up \$20.00. Note that these fees must be paid before your next appointment.

**Phone Consultations:** Fees are charged for phone consultations under the following conditions:

- 1) When a change in treatment/remedy prescription must be made & further case analysis time is required.
- 2) When the call exceeds 5-10 minutes. The fee is \$25-50.00 for every fifteen minutes of time depending on complexity.

Fees are not charged for phone calls made to clarify issues discussed during an office visit, questions concerning treatment or brief progress reports on the effectiveness of treatment.

**Concerns After Hours and Emergencies:** While in treatment, any questions or concerns can be addressed by calling 440-334-6200. In emergency situations please use common sense.

If the condition is life threatening or your symptoms become severe, please take one of the following precautions: 1) Contact your local family practice physician 2) Contact the nearest hospital emergency room or urgent care facility Please follow the medical advice you are given by these people. Homeopathic medicines do not interfere with standard medical treatment.

My signature below acknowledges that I am choosing homeopathic care even though the conventional osteopathic medicine standards of care may not agree with my choice. I agree with this entire contract. My signature below indicates that I have read and understand the information in this document and agree to abide by its terms during our professional relationship.

SIGNATURE (patient): \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT PATIENT NAME: \_\_\_\_\_

GUARDIAN NAME (printed and signed)  
) \_\_\_\_\_